Docket No. 17672 (BOT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicants: ERIC R. FIRST	Examiner: Group Art Unit:		
Serial No.: Pending			
Filed: Herewith			
For: PRESSURE SORE TREATMENT)	Irvine, California		
NON-PROVISIONAL PATENT APPLIC	CATION TRANSMITTAL LETTER		
Mail Stop: Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
Sir/Madam:			
Enclosed herewith are the following documents:			
 (x) Transmittal Letter - 3 pgs. (x) Specification (50 pages) 13 Clain (x) Drawings (-1 - sheet) (x) Declaration/Power of Attorney (x) Assignment with Recordation C () Information Disclosure Statement (x) Return/postage paid Postcard (x) Express Mail Certificate No. EV 	over Sheet nt with cited art		
	Stephendonovan Registration No. 33,433		
CERTIFICATE OF EXPRESS MAIN I hereby certify that this Transmittal Letter and about United States Postal Service on March 30, 2004 in an envelope label number EV193721249US with sufficient postage Application, Commissioner for Patents, P.O. Box 1450, Alexandri	ve-identified documents are being deposited with the as "Express Mail Post Office To Addressee" mailing for Express Mail addressed to Mail Stop: Patent		
Date: March 30, 2004	Susan Bartholomew Name of person mailing paper Signature of person mailing paper		



NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled PRESSURE SORE TREATMENT by the following named inventors:

1	Full Name of Inventor	Last Name:	First Name:	Middle Name:		
		FIRST	ERIC	R.		
	Residence and	CITY:	State or Foreign Country:	Country Of Citizenship):	
	Citizenship	BOSTON	MASSACHUSETTS	U.S.A.		
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code: 02127-	
		52 N STREET	BOSTON	MASSACHUSETTS	2305	
2	Full Name of Inventor	Last Name:	First Name:	Middle Name:		
	Residence and Citizenship	CITY:	State or Foreign Country:	Country Of Citizenship	ountry Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:	
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:		
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:		
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:	

- (X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.
- (X) Enclosed is a specification of 50 pages, 13claims (2 pages) and an abstract (1 page).

Oath or Declaration

- (X) Enclosed is a fully executed oath or declaration.
- () Enclosed is an unsigned oath or declaration.
- (X) A self-addressed return postcard is enclosed for verification of receipt.
- (X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)		·	\$770.00	\$770.00
Total Claims 13	minus 20 =	-0-	\$18.00	\$0.00
Independent Claims 5	minus 3 =	-2-	\$86.00	\$172.00
If application contains any multiple dependent claims, then add		\$290.00\$	0.00	
		TOTAL FILING FEE		\$942.00

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (x) New drawing(s) are enclosed in -1- sheet.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (x) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (x) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

STEPHEN DONOVAN Registration No. 33,433 ALLERGAN, INC. 2525 Dupont Drive, T2-7H Irvine, CA 92612

Tel: 714-246-4026

Fax: 714-246-4249

Respectfully submitted,

Date: March 21, 2004

Stephen Donovan Registration No. 33,433 Attorney of Record